2003 FOR PROFIT CORPORATION

Apr 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000097677 DOCUMENT # 04-10-2003 90103 040 ***150.00 BLUE SKY LANGUAGE CENTER CORP. Principal Place of Business Mailing Address 3109 NW 4TH AVE 3109 NW 4TH AVE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 3410 NW 7 3710 NW Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Pompano Beach Not Applicable <u>ompano</u> Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3064 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVA, VALTER SILVA, VALTER Street Address (P.O. Box Number is Not Acceptable) 3109 NW 4TH AV #2 NM POMPANO BEACH FL 33064 Pompano Beach 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** Addition ☐ Delete TITLE SILVA, VALTER SILVA, VALTER NAME NAME 3710 NW 7th Ave 3109 NW 4TH AV #2 STREET ADDRESS STREET ADDRESS Rompano Beach, FL 33064 POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition PETITTO MARCIA 3710 NW 7th Ave NAME PETITTO, MARCIA NAME STREET ADDRESS 3109 NW 4TH AVE #2 STREET ADDRESS Pompano Beach, FL 33064 CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE" Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on a statement with an odd debt with all other like empowered. changed, or on an attachment with an

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Attachment 10036011
#1980000 97677
BLUE SKY LANG. CENTER CORP.

NEW ADDRESS.)

3710 NIW 7TH AV.

3710 NW 7TH. AV. POMPANO BCH. FL 33064 TEL. 9547821423